

VERIFICATION OF CALIBRATION REPORT
of DataMaster cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

OCT 23 2009

| | |
|---|---|
| Supervisor/Operator Performing the Verification Procedure: | |
| Name <u>J Swartz</u> | DataMaster cdm S/N <u>130286</u> ✓ |
| A Agency <u>SCDL</u> | ID# <u>4314</u> Date <u>5/21/09</u> ✓ |
| Instrument Location <u>SCDL</u> ✓ | Phone # <u>269-5592</u> |
| B Alco S/N <u>SC01108</u> ✓ Target Value <u>.080</u> ✓ High Pressure <u>700 PSI</u> | |
| Alco Test Values | <div style="display: inline-block; text-align: center; width: 45%;">.078 ✓ 1st Alco</div> <div style="display: inline-block; text-align: center; width: 45%;">.078 ✓ 2nd Alco</div> |
| Signature <u>[Signature]</u> ✓ | CDB 10/27/09 |
| (OVER) | |

(Do Not write in the area below)

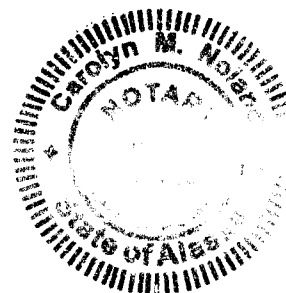
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 10th day of Nov, 2009.

[Signature]
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



State of Alaska
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

(CONTINUED FROM FRONT PAGE)

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

DIAGNOSTIC CHECK

1. DATE 10/10/1960
 2. TO DIRECTOR, FBI
 3. FROM SAC, NEW YORK (100-100000)
 4. SUBJECT JAMES EARL RAY; AKA; IOWA
 5. RE NEW YORK TELETYPE TO BUREAU, OCTOBER 9, 1960.
 6. REFERENCE BUREAU TELETYPE TO NEW YORK, OCTOBER 7, 1960.
 7. ADDITIONAL INFORMATION NEW YORK OFFICE IS CURRENTLY
 8. CONDUCTING AN INVESTIGATION OF THE ALLEGED ATTEMPT
 9. TO OBTAIN A PASSPORT FOR JAMES EARL RAY, AKA, FOR
 10. TRAVEL TO EUROPE, IN ORDER TO FLEE THE COUNTRY.
 11. IT IS REQUESTED THAT YOU ADVISE THE BUREAU OF ANY
 12. DEVELOPMENTS IN THIS MATTER.
 13. VERY TRULY YOURS,
 14. W. J. MOHR
 15. SAC, NEW YORK
 16. ENCLOSURE